

Part B Insider (Multispecialty) Coding Alert

DIAGNOSIS CODING: Tell CMS Where Decubitus Ulcers Hurt Starting October

You have until Oct. 1 to implement, but no grace period

Coders, take notice: At midnight on Sept. 30, you'll have to remove one set of ICD9 Codes and implement another.

The **Centers for Disease Control** and the **Centers for Medicare & Medicaid Services** unveiled their new ICD-9 diagnosis codes for 2005 last week, but you can't use them until Oct. 1. And because there's no more grace period for new codes, you'll have to start using the new codes right away.

The vast majority of the new diagnosis codes are dental, since the dental societies requested an expansion in the dental chapter of the ICD-9 coding book. But some other sections also saw a significant expansion, said a CMS official. The gynecological chapter includes a number of new codes, including a new section for prolapses, cystoceles and rectoceles, starting with 618.00 (Unspecified prolapse of vaginal walls) and ending with 618.89 (Other unspecified genital prolapse).

Also significant is a massive increase in the number of codes for decubitus ulcers to allow you to code the site of the ulcer. "Physicians were having difficulty because they were treating different sites," notes a CMS official. "They might be treating a very difficult one on the hip and a less difficult one on the elbow," and it would be hard to code both sites. The 11 new codes, from 707.00 to 707.09, allow more specificity.

Also, the update adds codes for genetic anomalies, including the somewhat rare but expensive chromosome deletion anomalies. And the update includes a number of new Vcodes for people with various genetic susceptibilities. These include breast, ovarian and prostate cancers.

V-codes are "considered supplemental to the ICD-9 CM," notes the official, and include "reasons for a visit that are not necessarily [because] you have a disease." The genetic susceptibility codes show that "this person has been tested and has the genetic marker" for a disease such as breast cancer. "Some patients will choose to have a mastectomy," the official adds. In the past, "it was kind of hard to code those patients, because they haven't had cancer."